

E R R A T A

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY GAIN COORDINATORS
ALL COUNTY AFDC PROGRAM COORDINATORS

SUBJECT: CORRECTIONS TO NOTICE OF ACTION (NOA) SANCTION
MESSAGE M42-786F - GAIN SANCTION OF SECOND PARENT

REFERENCE: ALL-COUNTY LETTER NO. 90-98, OCTOBER 24, 1990

The purpose of this errata is to make three corrections to the Notice of Action (NOA) sanction message M42-786F - GAIN Sanction of Second Parent which is listed in Enclosure IV of ACL No. 90-98. Counties should immediately revise the message for M42-786F as described below. It is not necessary to send revised NOAs to individuals who received the 10/01/90 version. These corrections are necessary in order to maintain consistency with NOA sanction messages M42-786D - GAIN Sanction of Mandatory Registrant, AFDC-U Both Parents and M42-786E - GAIN Sanction of Mandatory Registrant.

The first correction involves the identification of the individual being sanctioned. Currently on page 1, the word "You" which appears beneath the statement "Here's Why:" is used to identify the second parent that is being sanctioned. The correction is to replace the identifier "You" with a blank area that will contain the name of the second parent that is being sanctioned for GAIN non-participation.

The second correction is to replace the language used in sanction reason numbers 2, 3, 5 and 6 with language that is consistent with sanction messages M42-786D and M42-786E.

The third correction is to change the page number heading on page 2 from "page 1 of 2" "Page 2 of 2".

Attachment I illustrates the corrected M42-486F NOA message. The specific instructions for completing the NOA message which appear on page 2 of the NOA message do not need to be changed in any way as a result of any of these corrections.

If you have any questions regarding this errata, please contact your County GAIN and Employment Services Operations Bureau Analyst at (916) 324-6962 or ATSS 454-6962.

cc: CWDA

Attachment I
Cont'd.

State of California
Department of Social Services

Manual Msg. No.: M42-786F 2 of 2
Action : Change
Issue: GAIN
Title: GAIN Sanction of
Second Parent

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-786.3

Form No. : NA290
Effective Date : 10/01/90
Revision Date : 2/15/91

INSTRUCTIONS: Use to discontinue a second parent in an AFDC-U case who was participating, but who subsequently stops participating and the first parent is under a financial sanction.

Fill in the effective date of the change in the cash aid amount and the old and new amounts.

Identify the family's second parent who was participating to avoid the other parent's sanction and who is being discontinued for GAIN non-participation.

Indicate the reason for the discontinuance from aid. If the individual didn't participate in a specific activity, specify the activity; this includes Orientation/Appraisal and scheduled appointments with the GAIN worker.

Identify the individual at the CWD who is to receive the payee information, including his or her address and phone number.

Identify the first parent who has already been discontinued from aid due to non-cooperation and indicate the sanction period. If this is the first sanction, check the first box. If this is the second or subsequent sanction, check the second box and fill in the appropriate date: after three months for the second sanction and after six months for the third or subsequent sanction.

Identify the CWD contact, including his or her phone number.

Show the budget computation in the right hand column.

Attachment I

State of California
Department of Social Services

Manual Msg. No.: M42-786F 1 of 2
Action : Change
Issue: GAIN
Title: GAIN Sanction of
Second Parent

Auto ID No. :
Flow Chart No. :
Source : GAIN
Regulation Cite: 42-786.3

Form No. : NA290
Effective Date : 10/01/90
Revision Date : 2/15/91

MESSAGE: As of _____, the County is changing your cash aid from \$_____ to \$_____. Cash aid will stop for _____, the family's second parent.

Here's why:

-
- ☐ did not sign the GAIN contract
 - ☐ did not participate in the following assigned activity: _____
 - ☐ did not go to a job interview
 - ☐ did not accept a job
 - ☐ quit his or her job
 - ☐ reduced his or her earnings

Since both parents are off cash aid, we need a payee for your family's aid. We can send it to someone you trust. Give the name and address of that person to:

You may get more cash aid again if you are eligible for it and:

- ☐ if _____ cooperates
- ☐ after _____ if _____ cooperates.

To ask for your cash aid again, contact _____.

We will not pay for GAIN services such as child care or transportation while you are both off cash aid.

Your new cash aid amount is figured on this notice.